



Pogsara Yia!

(Girls First!)



FINDINGS FROM THE NAVRONGO HEALTH RESEARCH CENTRE FEMALE GENITAL MUTILATION ERADICATION INTERVENTION

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Navrongo Health Research Centre

BETWEEN TWO RIVERS

Introduction. As previous *Pogsara Yia!* notes have demonstrated, the practice of FGM draws on an array of community supports. A young woman's social agency is severely constrained by a system of influences and pressures dominated by her mother before marriage and by her mother-in-law after marriage. Due to emerging preferences, however, support for the practice is beginning to erode.



Facing the circumciser is a lonely experience for girls

Caught in between. FGM is not overtly forced upon adolescent girls. Nevertheless, girls operate within a restricted set of social options that they can do little to broaden. Education levels are, however, influential; successful female students who do not wish to be circumcised are more likely to be heard.¹

Before marriage. The social pressure that mothers, women of extended families, and peers exert is both apparent and powerful. Discussions between a priest and a girl's father often determine that the girl's circumcision rites must take place; only subsequently is the girl informed of their decision.

Box 1

I feel the impact to circumcise is greater from the peer group. If you are married, [pressure is from] your fellow wives. If you are a girl, your colleagues.

Middle-aged Natugnina woman

Mothers also push their daughters to be circumcised as it symbolizes both the fulfillment of their maternal duties and, in many cases, their daughters' normative achievement of 'womanhood.' Among the Kassena-Nankana, group membership is central. In the absence of female autonomy, social interaction is vital to self-esteem, and ostracism is greatly feared. It is therefore significant that peers may consider circumcision prerequisite to acceptance into social circles.

After marriage. At marriage, a young woman's sway on the issue of her own circumcision diminishes further still. As she enters a new household and extended family, the wife owes her obedience to her mother-in-law, husband, and the women of their household. While discussants maintained that married women are not coerced into being circumcised, they emphasized peer pressure as paramount. Peers in the husband's household are often even more influential in the decision to undergo circumcision than the girl's parents were during her adolescence; an uncircumcised woman is not even treated as woman in her married home (Box 1).

Forces of change. Despite continuing social justification for the practice of FGM, there is some evidence that it may be declining. Several factors contribute towards this trend:

- *Eroding traditional values.* Many discussants felt that traditional family values and, consequently, support for FGM, may be receding. As FGM is associated not only with reproductive education and rites but with virtue until marriage, some feared this trend may induce more unplanned early pregnancies.

Box 2

Formerly if you went courting and the lady wasn't circumcised she would be told to do it now...but today the men just go and take the girls away without doing the customary rites, so that is why you find men with uncircumcised wives.

Middle-aged Pungu man

¹ Mbacké, Cheikh et al. Prevalence and Correlates of Female Genital Mutilation in the Kassena-Nankana District of Northern Ghana. *African Journal of Reproductive Health* 1998; 2(2):13-24.

- *Male preferences.* Young men have begun to express indifference to their wives' circumcision status (Box 2). Moreover, some participants in the discussions expressed a preference for intercourse with an uncircumcised women. Bridewealth payments – fathers' economic incentives to have their daughters circumcised – consequently decrease

Box 3

...now that the food we eat is not very nutritious as before, we can not risk wasting blood through circumcision.

Middle-aged Natugnia woman

I prefer the uncircumcised [woman] because whenever she brings forth, you will notice that the child is beautiful and healthier than the circumcised woman's child.

Adolescent Gomongo boy

- *Health concerns.* Both male and female respondents suggested that concerns for women's health had influenced this decline in FGM. Typically, these concerns were at least partially misinformed, and highlighted a need for widespread education efforts (Box 3).

- *Changing norms.* The social pressures that foster FGM may also aid in the effort to eradicate the practice. Women respondents argued that mockery – a key instrument in the promotion of FGM – was increasingly directed at women who *had* been circumcised. Health workers and many women concurred that proponents of the practice were ignorant or illiterate (Box 4).

Recommendations. The Navrongo Health Research Centre's experimental results suggest that carefully implemented interventions may improve the situation of adolescent girls. The following are implications from research:

- *No single strategy will work.* As the social support for FGM is systemic, no single intervention can address it. A strategy with multiple components is required, involving all of the actors who sustain the practice: parents, community leaders, circumcised women, young men, and uncircumcised girls. Developing a strategy will require close collaboration with these actors and the creation of a 'social space' that maintains the community building and peer support relationships of the FGM institutional system.

Box 4

These days if a circumcised woman tries to look down on an uncircumcised one, she will be seen as ignorant or even an illiterate, because the practice is outdated now. So when you are insulted that you have a protruding clitoris, also return the insult by saying that she has an 'empty vagina.'

Middle-aged Natugnia woman

These days when you are circumcised and you are in labor at the hospital, the nurses insult you so much.

Middle-aged Gognia woman

- *Imported ideas may not work.* Complex social support for FGM requires adaptive development of programmes to address this problem. Pilot trial, community dialogue, and participatory appraisal methods are required to develop programmes. Procedures for developing culturally appropriate services are not costly.

- *Community based investigation of FGM determinants and beliefs is feasible.* Despite the sensitivity of FGM as a focus for social action, communities cooperate with participatory planning activities and support social research on FGM. This open collaboration and exchange of ideas will be a resource for developing a socially acceptable FGM eradication programme.

Summary. Respondents across the discussions consistently argued that compulsion was not employed in propagating the practice of FGM. While nominal force may not be used, it is evident from this study that adolescent girls' individual agency is virtually

nonexistent for decisions involving FGM. Social pressures are powerful as adolescent girls move from the complex web of mothers, fathers, peers, compound heads and their wives, to that of husbands, co-wives, mother-in-laws, a new compound and peer group, and birth attendants. Social supports for circumcision are, however, beginning to erode, and implications from this research demonstrate that appropriate steps can and must be taken towards FGM eradication.

Send questions or comments to: Pogsara Yia!

Navrongo Health Research Centre, Ghana Health Service, Box 114, Navrongo, Upper East Region, Ghana

Pogsara_Yia@navrongo.mimcom.net